10-620-139 Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

10014489-4

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			2				RATE	FEE .	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	ÓR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS 2/m				nus 20= • /.			X\$ 9=		OR	X\$18=	18
IND	EPENDENT C	LAIMS ·	m في	nus 3 =	• .		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2 .							TOTAL	<u> </u>	OR	TOTAL	768
CLAIMS AS AMENDED - PART II									,	OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	• 22	Minus	 2	1	= (X\$ 9=		OR	X\$18=	18
AME	Independent	• 4 NTATION OF M	Minus	*** 3		- 1	X42=		OR	X84=	86
L	PHOT PRESE	INTATION OF MA	JUIPLE DE	·	CLAIM		+140=	•	OR	+280=	
	,			•	•		TOTAL	·	OR	TOTAL	
	11/12/04	/12/04 (Column 1) (Column 2) (Column 3)								ADDIT. FEE	
AMENDMENT B	, , , , ,	CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUME PREVIO PAID F	EST. BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• 22	Minus	***		-	X\$ 9=	٠.	OR	X\$18=	
AME	Independent	tependent • 9 Minus RST PRESENTATION OF MULTIPLE DEF		ENDENT CLAIM		X42=		OR	.X84≂		
	·	NIATION OF MIC	CTIFCE GET	CHOCK	· CD-GIM	بالما	+140=		OR	+280=	
AD:							TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									:	• .	
ENDMENT C		CLAMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**			X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	. ***			X42=		OR	X84=	
Ľ	FIRST PRESE	+140=			+280=						
* If the entry in column 1 is less than the entry in column 2, write 10" in column 3									OR	+260E	
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Itolal or Independent) is the highest number found in the appropriate box										ADDIT. FEE	
FORM PTO-875 (Rev. 12/04) U.S. Gonomment Prinsing Office: 2003 — 496-276/89/151 Patient and Trademant Office, U.S. DEPARTMENT OF COMMERC											